

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

383

Primary Registration District No.

5655

Registrar's No.

350

63-044605

STATE FILE NUMBER

FILED DEC 12 1963

1. PLACE OF DEATH

a. COUNTY LAWRENCE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN MT. VERNON

Length of stay in lb
21 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION MISSOURI STATE SANATORIUM

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JASPER

c. CITY
OR
TOWN JOPLIN

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS 901 1/2 MAIN ST

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First Middle Last
DELMAR WILLIAM PHILLIPS

4. DATE OF DEATH
Month Day Year
DEC 7 1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
7-25-1910

9. AGE (last birthday)
53

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
JOPLIN, MISSOURI

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

FRANK ELSWORTH PHILLIPS

13b. MOTHER'S MAIDEN NAME

ERMA MAE BAILEY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
HOSPITAL RECORD, MO. SS., MT. VERNON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) SQUAMOUS CELL CARCINOMA OF TONGUE

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PULMONARY TUBERCULOSIS FAR ADVANCED ACTIVE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-15-63 to 12-7-63 and last saw ^{her} him alive on 12-7-63
Death occurred at 7:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

MISSOURI STATE SAN., MT. VERNON, MO.

22c. DATE SIGNED

12-7-63

23. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

12-7-63

Forest Park Cem

Joplin

MO

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thornhill-Hillon Joplin, Mo.

12-9-63

Roy Grantham Rex

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0550

2 0499

3

4 0

5 3

6

7 0

8 1

9 1419

10

11

12 93-0

13 5-0

DEC 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Max L. Fournell

Licensed Embalmer No.

4252

P. O. Address

Malvern, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.